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VAME OF PROVIDER OR HEALTH CARE RES			2608 RITT	RESS, CITY, S ENHOUSE & TON, DC 20	TATE, ZIP CODE BT, NW 1015			
/EACH	DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	'FULL	ID PRIEFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE	
R 000 INITIAL C	R 000 INITIAL COMMENTS			R 000		· · ·		
2009 thro of two rec population The findir observation residents the home administr	ough June sidents wa n of four v ngs of the ons, inten n nurses a n, as well a ative reco	was conducted from 26, 2009. A randor is selected from a review with various of survey were based (views with direct support of resider a review of resider residents, and incident rep	m sample sident disabilities. on port staff, ators in nt records, orts.	R 125	GOVERNMENT OF THE DIS DEPARTMENT O HEALTH REGULATION A 825 NORTH CAPITOL ST. WASHINGTON, I	TRICT OF COLU FHEALTH ADMINISTRATIO , N.E., 2ND FLO	N N	
R 125 4701.5 BACKGROUND CHECK REQUIF The criminal background check shall disc criminal history of the prospective employ contract worker for the previous seven (7 in all jurisdictions within which the prospe employee or contract worker has worked resided within the seven (7) years prior to check.		sclose the oyee or (7) years, pective id or	K, 120					
Based on GHMRP checks di prospecti previous which the worker ha	n interview failed to e isclosed ti ive employ seven year o prospect ad worked or to the c	met as evidenced by and record review, to and record review, to a sure criminal backgine criminal history of yee or contract workears, in all jurisdictions live employee or contract workers, in contract workers, in all jurisdictions in contract workers, in all jurisdictions in the employee or contract workers, in all jurisdictions in the employee or contract workers.	the ground any er for the s within tract e seven					
The findings include:								
beginning GHMRP checks w criminal h	g at 10:28 failed to e vere on file history in a	el records on June 2 a.m., revealed that t insure criminal backs that disclosed a sen all jurisdictions where or resided, for staff S	he pround ven year the		The Human Resources Departs will provide background check for staff per regulation.		8/15/09	
maith Regulation Admini					TITLE Preside	, L	(X8) DATE 7	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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th Regulation Administration  MENT OF DEFICIENCIES LAN OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED - 06/26/2009		
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)F PR	OVIDER OR SUPPLIER		2608 RIT	STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW				
.TH	CARE RESOURCE	S	WASHING	STON, DC 20	PROVIDER'S PLAN OF	CORRECTION	(X5)	
D IX		TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY R LSC IDENTIFYING INFORM	1022	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	THE APPROPRIATE	COMPLETE	
25	Continued From page 1		R 125					
	This is a repeat of	leficiency.						
Previously, the Licensure Report, dated April 15, 2008, included the following:  Review of the personnel records on 4/15/08 at								
		15/08 at		See above response				
2:30 PM revealed that the GHMRP failed provide evidence that ensured criminal background checks were on file for the Q Mental Retardation Professional.								
	1						t   	
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etth Regulation Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA TEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A PLIEDING PLAN OF CORRECTION 00/20/200 B. WING HFD12-0051 STREET ADDRESS, CITY, STATE, ZIP CODE NE OF PROVIDER OR SUPPLIER 2008 RITTENHOUSE ST. NW WASHINGTON, DC 20015 **ALTH CARE RESOURCES** PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHARED BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (4) ID REGULATORY OR USC IDENTIFYING INFORMATION) TAG REFIX DEFICIENCY 1082 Continued From page 2 1082 1. There was no cups or cup dispenser located in the bathroom located on the third level. The Lead Counselor will follow a daily Check list to ensure all supplies are stock 2. There was no cups or cup dispenser located In bathrooms and kitchen 8/27/09 Resident #3's in the bethroom. 1090 1 090 3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable adors. This Statute is not met as evidenced by: Besed on observation and interview, the GHMRP falled to maintain the interior and exterior of the GittiffRP in a safe, clean, orderly, and attractive menner. The findings include: Interior: During the inspection of the interior of the GHMRP on June 26, 2009, at approximately 10:39 a.m. the following was observed: 1. The upholstery of the love seat located in the living room was torn, exposing the foam padding 1. Furniture will be replaced. innide. 2. The stiding door to the closet located by the 8/27/09 front door would not open from one side. In addition, there was no guidance track for the door; therefore, the door came forward instead of 2. The sliding doors will be repaired. sliding to the side when the handle was pulled.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	CLIA (X2) MULTIPLE CONSTRUCTION BER: A. BUILDING B. WING			RVEY TED 72000	
E OF P	ROVIDER OR SUPPLIER	1,1,0,1,2,0,0	STREET ADO	RESS, CITY,	STATE, ZIP CODE			
				ENHOUSE TON, DC 2				
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1 090	Continued From page 3 3. The bathroom that was located at the of the upper hallway had dish washing to		e far end nowder	1090	The Lead counselor will daily sinks on each shift to ensure a properly stored in locked close.	ll supplies are		
!	stored in the cabinet below the sink.  4. Shelves in the kitchen cabinet that held spices, plastic bags, potatoes and onions were sticky and soiled.	n <b>el</b> d		4. The Lead Counselor will follow check list to ensure all duties habeen completed.  5. The Lead Counselor will ensure				
	greese and was s	ated in a closet located in y was not mounted and ak of falling, breaking ar idents. If, #2 and #3 had their a or in their closets.			All assign duties are completed At the begin and end of each sh according to housekeeping sche	nift, edule		
	upstairs hallway we existly pose a risk harm to the residents #1, kept on the floor in		could nd causing shoes being Resident		6. The Lead Counselor will ensure Is removed.  7. The Lead Counselor will purch Racks for each individual's clo  8. The Lead Counselor will ensure removed from exit door and	ase shoe set.	8/27/09	
4	on the floor.  9. The shower st the far end of the control walls and of	all in the bathroom to upper hallway had m on the floor. A showe wer stall was dirty an	ocated at nold/mildew er chair	9. The Lead Counselor will ensur Routinely and mold/mildew ac keeping schedule.	e shower is clea cording to house	ned		
	sink was rotted. ' there had been a period.	he cabinet under the The QMRP acknowle water leak for an ext	idged that rended	<b>k</b>	10. The Lead Counselor will s for floor of cabinet under i replaced.  11. Mold/mildew will be remo from bathtub and tiles.	kitchen sink to b	equest	
	K growing in and an	ack and orange mole ound the bathtub (inc oom located at the to sident #1's room.	aluding the		outlied and thes.			
	12. The closet doors located in the res		eidents <sup>i</sup> liquit to		12. The closet door will be repaired	d.	8/27/09	

EMENT	equietion Administra OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	RACLIA MBER:	(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
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1 090	of the house contraccumulation of its fire hezard.  The Qualified Men	directions. the dryer leading to t	potential	1090	13. The vent will be cleaned and classifier each wash.	heck	
1 095	3504.6 HOUSEKE Each poison and of a locked cabinet a of each resident.	EPING caustic agent shall be and shall be out of dir	e stored in rect reach	1 095			
	Observation and	it met as evidenced t nterview revealed the ensure that caustic a ad cabinets.	<b>at the</b>				
	The finding includ	<b>62</b> :			-		
	a.m., revealed the	une 26, 2009, starting at powdered dishwer ing stored in a unioc nk in the bathroom k	iher ked çabinet		- The Lead Counselor will ensure all cleaning supplies are stored in a locked closet.		
	was present durin	ntal Retardation Prof g the inspection and above-mentioned o					827/0

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callh Regulation Administration ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY D PLAN OF CORRECTION COMPLETED A. BUILDING B. WING HFD12-0051 ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 RITTENHOUSE ST, NW **EALTH CARE RESOURCES** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES XII) ID PROVIDERS PLAN OF CONSIDERTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE Ю (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) PREFIX TAG 1.75 DEFICIENCY 1136 Continued From page 5 1136 1 136 3505.6 FIRE SAFETY 1136 Each GHMRP shall maintain records of each simulated fire drift. This Statute is not met as evidenced by: Based on record review and interview, the facility falled to implement a system to identify problems encountered with evacuation drills, for all four residents that reside in the facility. (Residents #1 - #4) The findings include: Review of the fire drill documents on June 24. 2009, at approximately 10:10 a.m., revealed the following concerns regarding the facility's system for evaluating the effectiveness of its fire drills: 1. System checklist: The fire drill record falled to 1. The QMRP will revise the Fire drills form. evidence that the fire system. i.e. alarm panel, bells, and magnetic doors were consistently checked during drills. 2. Staffing during the drills: Interview with the 2. The QMRP will revised the Organizational chart to reflect Qualified Mental Retardation Professional (QMRP) on June 25, 2009, at approximately 3:00 p.m., revealed that the staffing pattern for the facility was two staff for the four residents on the day and evening shifts and one staff to the four residents on the night shift. On two occasions, however, there was only one staff on duty during 8/27/09 the evening drills. The QMRP acknowledged the tack of the required staff during those drills. [Note: The drill reports did not indicate any concerns or problems had occurred during those

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selth Regulation Administration ITEMENT OF DEFICIENCIES (XX) DATE SLIRVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED PLAN OF CORRECTION DENTIFICATION NUMBER: A RUILDING B. WING HFD12-0051 00/20/2001 STREET ADDRESS, CITY, STATE, ZIP CODE ME OF PROVIDER OR SUPPLIER 2006 RITTENHOUSE ST, NW **EALTH CARE RESOURCES** WASHINGTON, DC 20015 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX RÉFIX REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG TAG DEFICIENCY) 1136 i 136 Continued From page 6 two drills.] 3. Review of the drills: The drill report form used by the GHMRP falled to designate a place or line on which whomever reviewed the results of the drill were expected to mark with their signature and date. The QMRP acknowledged that the fire drill reports had not been reviewed. 1186 I 180 3508.5(c) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (c) The categories and numbers of supportive and direct care staff; and... This Statute is not met as evidenced by: Based on review of the organizational chart that was presented, the GHMRP failed to ensure the organizational chart showed the numbers of supportive and direct care staff. The findings include: 1. On June 26, 2009, at 10:35 a.m., the Qualified Mantal Retardation Professional (QMRP) presented an organizational chart (not dated) that did not show the number of supportive and direct care staff employed by the GHMRP. See above response 2. In addition, the chart indicated a position of house manager. Interviews on the first day of survey, however, had revealed that the facility no longer had a designated house manager. Instead, management had changed the role and responsibilities of the "lead counselor." The QMRP acknowledged that the chart had not been updated to reflect the change.

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU HFD12-0051	ER/CLIA IMBER:	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
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l 187			т	l <b>187</b>					
	Each GHMRP shall have an organization chart that shows the following:								
	(d) The lines of authority.								
	Based on review of was presented, the	met as evidenced by the organizational of GHMRP falled to en accurately depicted	hart that sure the						
	The finding includes	<b>b:</b>							
	Mental Retardation presented an organ did not reflect the or example, the chart of GMRP as being bet	at 10:35 a.m., the Querolessional (QMRF) izational chart (not during the polyment lines of authorisid not reflect the polymen the operations ager (now "lead cour	eted) that ity. For sition of manager		See above response				
1 208	208 3509.6 PERSONNEL POLICIES  Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.			1 206			À		
			cien 's een Whatabas	-					

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This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter,

ND PLAN	PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IER/CLIA UMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		PRINTED: 67 PRINTED (NS) DATE SURVEY COMPLETED		
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1 206	Continued From page	ge 8		1208	Jan Michot)	·		
	provided evidence of that documented a liperformed and that would allow him or house.  The findings include: Interview with the QR GHNRP's personnel approximately 10:30 falled to provide evid certificates were on fill. one direct support.  2. the QMRP; and,  3. the residents' prim.	the employee's heal her to perform their r lift? and review of t files on June 25, 20 a.m., revealed the ( ence that current he lie for the following: staff (SiH ),	been th status required the		The Human Resources Department will ensure training document is current and in each staff person file per regulation.			
7 8	The QMRP was made included the lack locuments.	a success of the Section	g and				8/27/09	
223 3	510.4 STAFF TRAIN	ING		223				
	ach training program articipation shall be m nd avallable for review							
re	nis Statute is not med ineed on interview and cords, the GHMRP fa view agendas for all s	review of staff train	· 1					

On June 24, 2009, beginning at 10:25 a.m., review of the staff in-service training records revealed that on May 28, 2009, training had been FORM

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2000 RITTENHOUSE ST, NW WASHINGTON, DC 20015

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223	Continued From page 9	1223		
	provided on the following:			
	1. security,	ĺ	-	
	2. adaptive equipment, and		The QMRP will ensure all training provided will have agendas attached and training materials.	
	3. behavior management.			8/27/09
	There were no agendes, however, that described what applica/information had been covered during said training. When asked later that morning, the Qualified Mental Retardation Professional stated that there was no additional information available for review.			
227	3510.5(d) STAFF TRAINING	1227		
	Each training program shall include, but not be limited to, the following:			
	(d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Helmilich meneuver, disaster plans and fire evacuation plans;			
ŀ	This Statute is not met as evidenced by: Based on record review and interview, the GHWIRP falled to have evidence of current certification to implement emergency measures for all of the residents in the facility.			
	The findings include:			
	Review of personnel records on June 25, 2006 at approximately 11:00 a.m., revealed no documented evidence of current CPR/(Heimlich Marieuver) certifications for 5 of 5 staff members the house manager and 2 Licensed Practical Nurses.	·	The Human Resources Department will ensure training document is current and in each staff personnel file per regulation.	8/27/09

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PRINTED: GEA **<u>feelth Redulation Administration</u> TATEMENT OF DEFICIENCIES** (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HFD12-0051 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2008 RITTENHOUSE ST. NW *IEALTH CARE RESOURCES* WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE D (06) COMPLETE DATE CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFRY REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG RENCED TO THE APPROPRIATE DEFICIENCY 1227 Continued From page 10 1227 Review of personnel records on June 25. 2009 at approximately 11:00 a.m., revealed no documented evidence of current First Aid certifications for 5 of 5 staff members and the house manager. 291 3514.2 RESIDENT RECORDS 1291 Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on interview and record review, the facility falled to ensure that residents' records were kept current, for two of the two residents in the sample. (Residents #1 and #2) The findings include: 1. On June 24, 2009, at approximately 8:15 a.m., interview with Resident #1 revealed that she had been admitted to the GHMRP in May 2008. On The QMRP will ensure a admission June 26, 2009, at approximately 9:30 a.m., the form is in each individual record with Qualified Mental Retardation Professional all contact information. **2/**27/09 (QMRP) also stated that Resident #1 had been admitted sometime on or around May 5, 2008. During the previous two days of survey, however, review of her Health Passport (HP, not dated), nursing records, individual Support Plan (dated June 11, 2006) and other habilitation and medical records revealed that they failed to reflect a date

of admission. The earliest nursing progress note in her record was dated August 1, 2008, in which the LPN wrote: "<resident's name> was a new individual met today, alert in no acute distress... No medical information received at this time. Still waiting for case manager to bring medical history..." The earliest Nurse Monthly Note was for the month of August 2008. The OMRP

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PLAN OF CONNECTION		(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION HUMBER:	A BUILDIA	IPLE CONSTRUCTION IG	(20) DATE COMP	(XX) DATE SURVEY COMPLETED	
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1291	Continued From pa	ge 11 .	1 291			<u> </u>	
	May - July 2008 or o determine the resid No additional inform	ning notes from the period other documentation to ent's actual date of admission nation was presented, survey ended later that day.					
	Resident #1's aunt vital resident #1's aunt vitalith care decision #1's Health Passport habilitation and med to show a phone nur When the Olith? we number and address approximately 2:45 p should be listed on the Chinese that it member, next of kin challth care decision (GHMRP's policies. Sopportiment of Disable coordinator to obtain	the phone number.		2. The QMRP will ensure an ram information is listed and update	illy contact ed on the Health	Passport.	
下のの事所動物的	Productive Promoter productive pr	CMRP, followed by review cal records revealed the hysician's name and office ryland. Resident #1's lated), however, reflected information of a former imary care physician. Later prifrmed that the resident's me time ago!" and that the		3. See above response to # 2		8/27/09	
4.	On: June 24, 2009, I	P's policies. Deginning at 1:04 p.m., HP revealed that it had		. <b>*</b>			

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	H CARE RESOURCES		2000 Rf	MITTENHOUSE NGTON, DC	E ST. ANY		
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1 291	Continued From pa	ge 12		1291			
•	not been updated to	o reflect the Meason :	appetite		_	_	
79%	not been updated to reflect the Megace appetite attractions and birth control pill that were prescribed in April 2009.			4. The QMRP and RN will ensure all He port is updated to include medication			
5. Crose-refer to 1474. On June 24, 2009, at approximately 5:13 p.m., the registered nurse discovered that even though the blister pack showed that Resident #2 had received Risperd from June 1, 2009 through June 24, 2009, the medication nurse had not initialed the medication record to document the administrations, in accordance with standard nursing practices and facility policies.		nuirse pack Risperdal 19, the edication		5. The RN Supervisor will ensure a physicount of medication occurs each mon and ensure LPN sign off on all medication given daily. The RN supervisor will a discrepancies to the PCP.	th stion	8/27/09	
1 372	3519.3 EMERGENC	<b>SES</b>		1 372			مريد و و بيان مد
.	and reacue squade, t	post by each telephore, which include at least the local police departation, and the agency.	act fire		•		
1	numbers, which inclusions, the local poli-	net as evidenced by: on and interview, the G in telephone emergent ide at least fire and re ice department, each and the agency's on-	GHMRP ICY SECUE				
-	The findings include:			-	<del>-</del>		
1	1. On June 26, 2009,	, at 10:37 a.m., there	Was no		<ol> <li>The QMRP will ensure all emergency contact number is posted by each phone in the facility and all staff receive training.</li> </ol>	'e	

8/27/09

2. See response to #1 above

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salth Regulation Administration *ITEMENT OF DEFICIENCIES* (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION ) PLAN OF CORRECTION COMPLETED A BUILDING B. WING HFD12-0651 00/20/2000 WE OF PROMOER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 906 RITTENHOUSE ST, NW **EALTH CARE RESOURCES** NASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION X4) ID (765) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG DEFICIENCY 1372 1372 Continued From page 13 The Qualified Mental Retardation Professional acknowledged that there were no emergency numbers posted at that time. She stated that the lists had been removed "several months" earlier. when the facility was painted. 1379 3519.10 EMERGENCIES 1379 In addition to the reporting requirement in 3519.5. each GHIARP shall notify the Department of Flexitin, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfere, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP falled to ensure the Department of Health (DOH), Health Facilities Division was immediately notified, followed by written notification within 24 hours, of unusual incidents that substantially interfered with a regident's health, for one of the four resident of the facility. (Resident #2) The findings include: 1. On June 24, 2009, at approximately 9:45 a.m.,

review of unusual incident reports (UIR) revealed

emergency room on May 12, 2009 due to feeling

lightheaded. She was admitted with a diagnosis of high blood pressure. The resident was

that Resident #2 had been taken to the

1. The QMRP will ensure that all staff

are trained or re-trained on incident Management and reporting incidents

as required to the different agencies.

8/27/09

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ALTH CARE RESOURCES  SEMENTY STATEMENT OF DESCRIPTION AND SHARM STATEMENT OF DESCRIPTION OF DESC	DPLAN	D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIDENTIFICATION N  HED 12-4081		ER/CLIA IMBER:	(X2) MUI A. BUILD B. WANG	**************************************	(X3) DATE SURVEY COMPLETED		
### Proviously, the Licensure Report, dated April 15, 2008, included the following:    Review of the Resident #1's medical records on 414/808 at approximately 10:20 AM revealed a nurse's note, Resident #1's medical country.    Proviously, the Licensure Report, dated April 15, 2008, included the following:    Review of the Resident #1's medical records on 414/808 at approximately 10:20 AM revealed a nurse's note, Resident #1's medical country.    Proviously, the Licensure Report, dated April 15, 2008, included the following:    Review of the Resident #1's medical records on 414/808 at approximately 10:20 AM revealed a nurse's note dated 413-07. According to the nurse's note, Resident #1's medical records on 414/808 at approximately 10:20 AM revealed a nurse's note dated 413-07. According to the nurse's note, Resident #1's medical records on 414/808 at approximately 10:20 AM revealed a nurse's note dated 413-07. According to the nurse's note, Resident #1's medical records on 414/808 at approximately 10:20 AM revealed a nurse's note dated 413-07. According to the nurse's note, Resident #1's medical records on 414/808 at approximately 10:20 AM revealed a nurse's note dated 413-07. According to the nurse's note, Resident #1's medical records on the nurse's note, Resident #1's medical records on the nurse's note, Resident #1 had a seture and was transported to a hospital via embulance. Interview with the Custified Meteral Resident manuel notice for processing. The Califier state of the test of the should have forwarded the incident report to the permitted of these of the should have evidence that the following that the Other should have of the test of the should have of the permitted of these of the should have evidence that the following that the Other should have of these that the following that the Other should have of the permitted the incident of these of the should have the permitted the incident of these of the should have the permitted the incident of these of the permitted the incident and the permitted the	ME OF	PROVIDER OR SUPPLIER	1	STREET AL	ADDRESS, CITY, STATE 79 CODE				
1379 Continued From page 14 released on May 13, 2009. Further review of the URF tailed to show evidence that the hospitalization had been reported to DOH.  2. Another UR documented that on May 9, 2009, Resident 42 had been transported to the emergency room after results of blood tests drawn the previous day incident as low serum potissistem level. Further review of the URF failed to show evidence that the incident had been reported to DOH.  A pre-survey review of incident records maintained at the Health Regulation Administration failed to show evidence that any incidents, including emergency room visits, had been reported since the previous survey.  This is a repeat deficiency.  ***Previously, the Licensure Report, dated April 15, 2008, included the following:  Review of the Resident #1's medical records on 414/4/06 at approximately 10:20 AMI revealed a nurse's note clasted \$81307. According to the nurse's note that she had forewarded the incident report to the main office for processing. The CMRP stated that she had forewarded the incident report to the Department of Health (DOH). There was no documented evidence that the office should have evidence that the health of these evidence that the health of these evidence that the health of these evidence that the below the second of the s	<del></del>			2006 RIT WASHING	RITTENHOUSE ST NAM				
I street on May 13, 2009. Further review of the URR failed to show evidence that the hospitalization had been reported to DOH.  2. Another UIR documented that on May 9, 2009, Resident 82 had been transported to the emergency room after results of blood tests drawn the previous day indicated a low serum potisisation level. Further review of the UIR failed to show evidence that the incident had been reported to DOH.  A pre-survey review of incident records maintained at the Health Regulation Administration failed to show evidence that any incidents, including emergency room visits, had been reported eince the previous survey.  This is a repeat deficiency.  ***********************************	REFIX	BFIX   《EAGH DEFICIENCY MART RE DOCASTION over it		(EACH DEFICIENCY MERT RE DOCCEDED by early		REGULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)		WHO DE	E
Spiliston Administration		released on May 13 UIR failed to show a hospitalization had  2. Another UIR doc Resident #2 had be emergency room at drawn the previous potissium level. Fu to show evidence th reported to DOH.  A pre-survey review maintained at the He Administration failed incidents, including a been reported since  This is a repeat defic  Previously, the Licen 2008, included the fo Review of the Reside /14/08 at approxima urse's note dated 8/ urse's note dated 8/ urse's note, Resider rensported to a hosp rensported to a hosp rensported that she had port to the main offi MRP stated that the reverded the incident Health (DOH). The ridence that the DOI forementioned incide	3, 2009. Further reviewed and reported to DO cumented that on Maren transported to the ter results of blood to day indicated a low surther review of the Uset the incident records with the incident records with Regulation to show evidence the previous survey. Siency.  Sure Report, dated A flowing:  Int #1's medical recording to the previous survey.  Sure Report, dated A flowing:  Int #1's medical recording to the previous ambulance.  Int #1's medical recording to the previous ambulance.	H.  y 9, 2009,  pois  forum  IR failed  sen  at any b, had  poil 15,  rds on ed a the nd was  ation  PM  ant he  contine	1379				

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lealth Regulation Administration FORM APPROVED **ATEMENT OF DEFICIENCIES** (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HFD12-0061 06/26/2000 ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2006 RITTENHOUSE ST, NW WASHINGTON, DC 20015 **EALTH CARE RESOURCES** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID REFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XII) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INPORMATION) TAG **DEFICIENCY**) 1 401 Continued From page 15 1401 1401 3520.3 PROFESSION SERVICES: GENERAL 1401 **PROVISIONS** Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to secure nutritional, ophthalmology, sexuality and/or psychiatric evaluations timely, for two of the two residents in the sample. (Residents #1 and #2) The findings include: 1. The GHMRP falled to ensure nutritional evaluations when indicated, as evidenced by the following: On June 24, 2009, at 1:48 p.m., review of Resident #1's medical record revealed that on April 3, 2009, her primary care physician (PCP) prescribed Megace 10cc by mouth every 1. The OMRP and Service Coordinator morning, as an appetite stimulant. The resident's will ensure a Nutritionist Assessment weight had been documented at 95 pounds on will be provided. November 18, 2008 and remained low. The resident's Medication Administration Record (MAR) documented that she began receiving Megace on April 9, 2009. At 2:48 p.m., her Health Management Care Plan (HMCP), dated 8/27/09 December 30, 2008 and March 30, 2009. indicated that she was "under ideal body weight ... maintain prescribed diet ... monthly weight ... Further review of Resident #1's record revealed no evidence that she had been evaluated by a

nutritionist. On June 25, 2009, beginning at

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FORM APPROVED Health Regulation Administration ITATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HFD12-0051 00/20/2500 IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2006 RITTENHOUSE ST. NW HEALTH CARE RESOURCES WASHINGTON DC 20018 ()(4) D SUMMARY STATEMENT OF DEFICIENCES PROVIDER'S PLAN OF CORRECTION SACH CORRECTIVE ACTION SHOULD BE (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (26) DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERSINGED TO THE APPROPRIATE TAG TAG DEFICIENCY) 1401 Continued From page 16 1401 approximately 12:51 p.m., telephone interview with Resident #1's Department of Disability Services (DDS) service coordinator revea the resident's nutritional status was not discussed at her recent (June 11, 2009) annual team meeting and she was previously unaware that the resident had recently started receiving an appetite stimulant. She confirmed that to date. Resident #1 had not received a nutritional evaluation. 2. The GHMRP failed to ensure ophthalmology evaluations when indicated, as evidenced by the following: On June 24, 2009, at approximately 1:10 p.m., review of Resident #1's Health Passport (not dated) revealed that she were eye glasses. The resident had not been observed wearing eye classes earlier that day in her home. Later, at approximately 2:50 p.m., review of her HMCP 2. The OMRP and the LPN will schedule a (dated December 30, 2008 and March 30, 2009) Vision to clarify the need for eye glasses. revealed that she should be evaluated by an ophithelmologist "annually and PRN." This was 8/27/09 also recommended in her psychological evaluation dated April 17, 2008 and her individual Support Plan, dated June 11, 2008, also indicated that she had eye glasses. There was no evidence, however, that she had received an ophthalmology evaluation either before, or after, her admission to the GHMRP in May 2006. On June 26, 2009, at approximately 10:26 a.m., interview with the QMRP revealed that she had not seen Resident #1 wear eye glasses since she was admitted to the facility more than one year earlier. The QMRP then indicated that the resident had a vision appointment scheduled for

either July 8 or 9, 2009.

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It should be noted that on June 28, 2009, at 9:52

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TATEMEN ND PLAN (	OPLAN OF CORRECTION (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:  HIFD12-6051			(X2) MULTI A BUILDING B. WING	PLE CONSTRUCTION  3	(XS) DATE SURVEY COMPLETED		
AME OF P	ROVIDER OR SUPPLIER		STREET ADD	DORESS, CITY, STATE ZIP CODE				
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(X4) ID PRIEFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY BC IDENTIFYING INFORM	FULL	PREFEX TAG	PROVIDER'S PLAN OF CO (EACH CONNECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	COMPLETE DATE	
	procedures reveale ophthalmology reco "annually in conjunc".  3. The GHMRP fail assessments when the following:  a. On June 24, 200 interview with the rethet Resident #1 has approximately one; that the resident saw weekend outside of active and took birthindicated that she in regarding assuality whether the resident assessment. Approhowever, the RN rel surveyor that she has and the GMRP had was not sexually active from was most boyfriend was most boyfriend was most boyfriend was most he space designate and Sexual History". Subsequent review however, revealed to wrote: "Patient sexual pregnancy prevention that day for OrthroTibirth control. The resident and the control. The resident control.	facility's policies and differ residents' ords were to be updated which the ISP." led to ensure sexual indicated, as evidently at 1:17 p.m., a brigistered nurse (RN) diseased nurse (RN) was boyfriend every of the home, was sexual "counseled" the niesues, she was "not it had received a sexual matery six minutes turned and informed to just spoken with the informed her that Relive and that contact	ty ced by ef revealed stated other sally the RN seldent sure; the edward seldent repared select that er "Social se notes, the PCP be on an order sens of ng the	i 401	3. The RN will ensure the india a sexuality Assessment.		8/27/09	

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of Acute/Chronic Health Concerns document,

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Health Repulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 8. WING HFD12-0051 06/26/2000 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2606 RITTENHOUSE ST. NW **HEALTH CARE RESOURCES** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID 'n (EACH DEFICIENCY MUST BE PRECEDED BY FULL (005)PRÉFIX TAG PREFIX MPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 1401 Continued From page 18 1401 dated June 10, 2009, in which the RN wrote: "Sexual counseiling will continue as individual is sexually active." The next day, on June 25, 2009, at approximately 2:25 p.m., review of Resident #1's behavior data revealed that on January 4, 2009, staff wrote: "<Resident #1's name> was caught again in <Resident #4's name> bed on January 3, 2009. Staff ask her <sic> remove her body. Individual responded." The QMRP was asked about the staff note. Initially, she stated that she was previously unaware that Resident #1 had been asleep in another individual's bed. Resident #1 had her own bedroom. The QMRP then speculated that Resident #1 may have fallen asleep while watching television in Resident #4's bedroom. Further review of Resident #1's behavior data revealed the following: December 14, 2008: "Inappropriate touching." client " - January 6, 2009: staff documented having found both Resident #1 and Resident #2 in bed with Resident #4. - January 7. 2009: "<Resident #1's name> rubs on <Resident #3's name> leg. <Resident #3's name> said stop. Staff told her that's unacceptable behavior, she apologized." Resident #1's record included an April 17, 2008 Psychological Evaluation that included the following: "... has a history of inappropriate touch. The behavior was speculated to have its origins in sexual abuse." The resident's Social Work Assessment, dated June 11, 2008 included the

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(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD12-0051 96/26/2000 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2008 RITTENHOUSE ST, NW HEALTH CARE RESOURCES WASHINGTON, DC 20015 (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBC IDENTIFYING IMPORMATION) (XIS) (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 401 Continued From page 19 1401 following: "...boyfriend who gives her money. Reportedly, her boyfriend is forty years old." During a follow-up interview with the QMRP on June 26, 2009, at 9:14 a.m., the QMRP referred to the four residents as "consenting adults." She then acknowledged that Resident #1 had not received a sexuality assessment during the two Individual Support Plan cycles - June 2008 and June 2009 - since she was admitted to the facility in May 2008. See above response to # 3 It should be noted that on June 26, 2009, at 10:05 a.m., review of the facility's Human Sexuality Policy revealed the following: "During the ISP process, if indicated by the Social Worker/Case Manager, the sex educational needs of the individual are reviewed with the interdisciplinary Team (IDT)... the IDT develops the educational plan... covers all aspects of sexual behavior... Any individual who is sexually active is assessed to determine his/her ability to maintain a healthy sexual lifestyle. Treatment and intervention are determined by the IDT..." There was no evidence, however, that the facility had implemented its policy. b. During the survey, from June 24 through June 26, 2009, the air conditioning unit at the group home was not operating. The QMRP made arrangements for the residents to stay in a hotel until it was repaired. While in the kitchen on June 24, 2009, at approximately 5:50 p.m., Resident #4 stated that she was going to room with Resident #1 at the hotel. In response, Resident #2 stated in a firm tone of voice "no, I'm staying in the room with <Resident #1's name>." with emphasis placed on the word "I." Review of Resident Mile record, revealed a

Health Regulation Administration

STATEMENT OF DEFICIENCIES

Health Regulation Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION OCS) DATE SURVEY IDENTIFICATION NUMBER: COMES ETER A BUILDING B. WING HFD12-0051 NAME OF PROVIDER OR SUPPLIER **86/20/2009** STREET ADDRESS, CITY, STATE, ZIP CODE 00 RITTENHOUSE ST. NW **HEALTH CARE RESOLUTCES** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION) PLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) 1401 Continued From page 20 1401 human sexuality assessment dated November 2. 2007. Further review of the assessment, however, revealed that under the category of "experience with homosexuality, heterosexuality and masturbation," a nurse had indicated "unknown." Follow-up interview with the QMRP on June 26, 2009, at approximately 11:25 a.m. revealed that she was not aware of any interest that Resident #2 might have in sexuality or relationships. The CMRP was then informed of the conversation that was observed on June 24, 2009. The QMRP acknowledged that a current human sexuality assessment should be conducted to explore any changes in the residents' knowledge, interests and training needs regarding sexuality. The QMRP will contact the Psychiatrist 4. The GHMRP failed to ensure psychiatric and Primary Care Physician to ensure evaluations when indicated, as evidenced by the the individual receive a Psychiatric following: Assessment and the PCP confirms the diagnoses. a. On June 25, 2009, at 1:37 p.m., interview with the QMRP revealed that although Resident #1 had been seen by a psychiatrist on March 4, 9/15/09 2009, and had begun receiving Depakote 250 mg for "mood stability," there was no psychiatric evaluation report available for review. She further acknowledged that there had been delays in obtaining a comprehensive psychiatric evaluation.

b. During the medication observation on June 24, 2009, at approximately 5:10 p.m., Resident #2 received Seroquel 300 mg. Review of her physician's orders revealed that this medication was given for the target behaviors of physical aggression, verbal aggression, non-compliance, crying and making false allegations. Further review of the record falled to show evidence that

the resident had received a psychiatric

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROMDER/BUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD12-0051 00/20/2000 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 20P CODE **HEALTH CARE RESOURCES** 2000 ATTENHOUSE ST. NW MSHINGTON DC 20018 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREPX (XS) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE ROSS-REPERENCED TO THE APPROPRIATE PREFIX TAG CROSS OFFE DATE DEFICIENCY) 1401 Continued From page 21 1401 assessment prior to the administration of this medication. Interviews with the QMRP on June 25, 2009, verified that to date, she had not received a psychiatric evaluation. 1 432 3521.7(c) HABILITATION AND TRAINING 1432 The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide habilitation and training on the use of an electric toothbrush as recommended by the dentist, for one of the two residents in the sample. (Resident #1) The findings include: On June 24, 2009, at 3:30 p.m., review of Resident #1's dental records revealed that on November 13, 2008, her dentist had found moderate calculus, moderate pleque, moderate gingivitis, caries (a cavity) in tooth #16 and an impaction with tooth #17. The dentist The QMRP will ensure an electric tooth recommended fillings, dental restoration and brush is purchase and the individual is "better brushing supervision." The cavity in tooth trained on how to use electric toothbrush #16 was filled on January 6, 2000, at which time the dentist again found gingivitis. New 8/27/09 recommendations included using an electric toothbrush. On March 16, 2009, the dentist again found moderate calculus, moderate gingival inflammation and moderate periodontal disease. Resident #1 was interviewed in her home later

PRINTED: 07/15/2009 FORM APPROVED Health Reculation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XX) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HFD12-0051 06/26/2000 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2008 RETTENHOUSE ST. NW **HEALTH CARE RESOURCES** MARHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (XS) MFLETE DATE PROVIDER'S PLAN OF CORRECTION CEACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERBICED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG TAG DEFICIENCY) 1432 Continued From page 22 1432 that afternoon, beginning at approximately 4:50 p.m. She stated that her dentist had recommended that she floss, and brush her teeth twice every day. She said staff supervised her while brushing. Further Interview, however, revealed that she used a regular toothbrush. She stated that she did not recall anyone speaking With her regarding using an electric togthbrush and she did not own one. On June 25, 2009, at approximately 10:30 a.m., interview with the Registered Nurse (RN) revealed that she was previously unaware that a dentist had recommended an electric toothbrush. Review of Resident #1's Monthly Nurse Note for January 2009 (prepared by the LPN Coordinator and signed-off by the RN) did reflect the January 6, 2009 dental appointment. The note, however, mistakenly stated that "0 gum disease noted or reported. Routine dental checkup ... " The note The OMRP and RN will review all medical also failed to reflect the recommended electric consultation to ensure recommendation is toothbrush. At 2:15 p.m., review of the January followed 2009 Qualified Mental Retardation Professional (QMRP) Monthly report, revealed no information regarding the resident's dental appointment or status. At approximately 2:43 p.m., interview with the CMRP revealed that she too was previously unaware that the dentist had recommended an 8/27/09 electric toothbrush. She acknowledged that

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resident.

its proper use.

1474 3522.5 MEDICATIONS

Resident #1 was without an electric toothbrush and, therefore, had not received any training on

Each GHMRP shall maintain an individual medication administration record for each

This Statute is not met as evidenced by:

1474

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA 002 MULTIPLE CONSTRUCTION OCS) DATE SURVEY **AND PLAN OF CORRECTION** DENTIFICATION NUMBER COMPLETED A BUILDING B. WING HFD12-8061 00/20/2000 NAME OF PROMDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 RITTENHOUSE ST, NW **HEALTH CARE RESOURCES** WASHINGTON DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X8) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1474 Continued From page 23 1474 Based on observation, interview and record review, the GHMRP's nursing staff falled to ensure medication administration records (MAR) were reviewed and maintained, for one of the two residents in the sample. (Resident #2) The finding includes: On June 24, 2009, at approximately 5:13 p.m., the registered nurse (RN) prepared to give Resident #2 her medication. The RN compared each bubble package to the MAR prior to administering the medication. Resident #2 received Tegretol 400 mg and Topamax 150 mg The RN and the LPN will monitor the which were administered by the RN. As the RN MAR weekly to ensure the nurse has prepared to administer Risperdal, she reviewed Sign her initials. the MAR and discovered that even though the 8/27/09 ster pack showed that the medication had been administered, there were no nurses' initials in the boxes for June 1, 2009 through June 24, 2009. The RN called the recularly-echecular medication nurse to ascertain the reason why she had not documented the administrations thus far in June. The medication nurse indicated that she had not initialed the MAR because the administration time had not been specified on the MAR. The RN acknowledged that residents' MARs had not been reviewed and maintained during the month of June. 1500 3523.1 RESIDENT'S RIGHTS 1500 Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal GWS. This Statute is not met as evidenced by:

Health Regulation Administration

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HEALTH CARE DESCRIBERS 2006 RET		2008 RET	TENHOUS GTON, DC	/, STATE, ZIP CODE E ST, NW 20015					
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1 500	Continued From pa	ge 24		1500		<del></del>		┪	
	1. Based on interview and record review, the GHMRP failed to ensure the right to be free of unecessary medications, for two of the two residents in the sample. (Residents #1 and #2) [Title 7, Chapter 13, § 7-1305.05(h), formerly § 6-1965(h)]  The findings include:  a. On June 24, 2009, at approximately 8:26 a.m.,								
	interview with the lea Resident #1 had rec psychotropic medical later that morning, a	ad counselor reveale cently been prescribe intions. This was cont approximately 10:0 th the Qualified Mentional (QMRP). The light had been to a part had been to a pa	d that id firmed 0 a.m., isi QMRP ychiatrist						
	1) Resident #1's me on June 24, 2009, but According to her me (MAR), she had been every evening on Madisorder." According Plan, dated June 11, the capacity to make regarding medical trabilitation, finances review of her record, evidence that her aus proposed medication potential benefits and Depakote. Interview 2009, at 2:37 p.m., conditional informed of had not attended Res	eginning at 1:04 p.m. dication administration taking Depakote 20 arch 5, 2009 for "mod to her individual Su 2008, the resident is informed decisions attend life planning. Find had been informed to sint had been informed to include a discussification with the QMRP on Jonfirmed that the aurithe medication. The	on record 50 mg id pport acked writer now d of the sion of th taking une 25, at had		1. The QMRP will prepare written information on the risk and benefits of proposed treatment The QMRP will get signed confrom family member. The QM obtain signed consents at least annually and more frequently is current treatment needs modified.	nents. nsents fRP	8/27/09		

MATEME VID PLAN	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN 8. WING	PLE CONSTRUCTION  G	(X3) DATE (	JURVEY ETED
AME OF	PROVIDER OR SUPPLIER	HFD12-8061	-		-	-
HEALTH CARE RESOURCES 2006 PATE		PORESS, CITY, 1	STATE, ZIP CODE		0/2009	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	ID PROVIDER'S PLAN OF CORP PREFIX (EACH CORRECTIVE ACTION 6		(XIS) COMPLETI DATE
1 500	Continued From pe	ne 25	1500	DO ROBIGT)		
	INDIANGE STREET, STREE	meeting. The QMRP reported lianship-related documents to 2009; however, there had so to the facility.				
	at 10:01 a.m.) includ no restrictive treatme without the written, in person served or his representative. Ensu Committee reviews to	ent #1's records, even though (reviewed on June 26, 2009, set the following: "Ensure that ent or therapy is implemented stormed consent of either the ther legal guardian or the Human Rights the prescribed treatment and post on the legal methods.		2. See response to #1 above		
f a a a a a a a a a a a a a a a a a a a	tratagies before the inedication, in according the inedication, in according to the inedication, in according to the inedication, in according to the inedication in its record of the inedication in its recording that a seveloped a formal, we be parament of Disprice coordinator. However, the BSP. She also a the BSP. She also a the inedication stratagies are the parameter of the inedication in the inedication i	introduction of psychotropic since with facility policies. Sid not include a behavior on June 25, 2009, at m., interview with the psychologist recently had ritten BSP at the request of ability Services (DDS)		The QMRP will contact the Psychologist to develop, a monitoring tool, and oversee all BSP to ensure all other measures were exhausted before restrictive controls were implemented.		8/27/09

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•	Reculation Administr	etion					FOR	M APPROV	ÉD
STATEMEN AND PLAN	STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIENCLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A BUILDING  B. WING			(X3) DATE SURVEY COMPLETED		•	
NAME OF S	BOLEDED OD OUTER IN	HFD12-0061					06	26/2000	
NAME OF PROVIDER OR SUPPLIER STREET AD HEALTH CARE RESOURCES 2008 RITT			E ST. 1	· NGA/					
(X4) ID PRESTX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FLE.)		ID PREFEK TAG	T	PROVIDER'S PLAN OF CORRECTION (SACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			E	
1 500	Continued From pa	ge 26		1500	<del> </del>		<del></del>		
	use of medication. When asked about a BSP, she directed the surveyor to look for a psychiatric evaluation. The QMRP, however, had already acknowledged that the resident had not yet received a comprehensive psychiatric evaluation.  On June 26, 2009, at 10:01 a.m., review of the facility's policies and procedures revealed the following: "Restricted controls are permitted only as a last resort, when active treatment strategies have been considered/attempted when other less intrusive or restricted methods have been ineffective The planned use of restricted controls shall be based on a comprehensive assessment of the individual's skills and abilities Psychotropic medications shall not be the first treatment of choice for behavior problems"								
i i i i i i i i i i i i i i i i i i i	4) On June 25, 2005 the facility's Human in minutes were review resident's Depakote that were dated May after she began takin scknowledged that the reviewed the propose nitiation of the drug.  5) On June 26, 2009 incility's policies reversible for the personal as the least reproval as	Rights Committee (Head with the QMRP. Twas first reflected in 28, 2009, almost 3 in 28, 2009, almost 3 in 3 it. The QMRP he committee had not decided the following: " ights Committee reviand provides written restrictive treatment in servic." Review of inutes, however, faile e committee had so se-restrictive stratent	RC) The The Thinutes Thouths  It  W of the The Set to	į	5.	The HRC will more fully devel document the process by which measure are reviewed and approached process will include HRC revitten informed consent for resmeasures.	restrictive oved.	8/27/09	
a d	<b>Asy 28, 2009 HRC m</b> how evidence that th	inutes, however, faik le committee had so: le restrictive strategi	ed to			measures.	THE TIME	8/27/09	

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STATEMEI AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDENSUPPLIENCLE IDENTIFICATION NUMBER  HFD12-0051		ERYCLIA MOER:	(X2) MULT A. BUILON B. WMG	TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF				DEEGG ATTY	STATE, ZIP CODE	80/	26/2000
	HEALTH CARE DESCRIPCES 2000 RIT			TENHOUSE STON, DC 2	ST. NAV		
(X4) ID PREFFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMPLETE DATE
	REGULATORY OR LSC IDENTIFYING INFORMATION)			I 500	b. See response to #1 above		
[ ]	[Title 7, Chapter 13, § 6-1962] The findings include:	, round	.7.8	,			
	Cross-refer to 1401.3.  1:17 p.m., interview w (RN) revealed that Re every other weekend excually active and to Approximately six mir returned and informed ust spoken with the C	with the registered nations ident #1 saw a boy outside of the home ok birth control pills. Nates later, however, if the surveyor that a MRP and the OMR	rise ririend , was the RN he had P had		2. See response to 14	01 # 3	
	nformed her that Res	ident#1 was not se	cually				8/27/0 <del>9</del>

Health Regulation Administration

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	Requistion Administr	SWOTI -					APPROVE
STATEMEI VNO PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO	ERVCLIA IMBER:	(IC2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION IG	(AC) DATE & COMPL	
AME OF I	MFD12-0051  AME OF PROVIDER OR SUPPLIER  STREET A				06/2	6/2009	
	O THE PARTY OF			STATE, ZIP CODE			
	CARE RESOURCES		WASHIN	TENHOUSE GTON, DC 2	8T, NN 9015		
(X4) ID PREFEX TAG			PREFIX TAG	(EACH CORRECTIVE ACTIO	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE SINCED TO THE APPROPRIATE		
i 500	Continued From pe	ge 28		1500			
	active and that continuously via telephone stated that "staff in taupervised when shift account active and control on April 9, 20 resident's record revident's record revident's record revident's record revident's record revident's record active." Resident #1 afternoon, beginning she could visit with hwented.	b. At 2:58 p.m., the interior say she is a leaves the home." a physician note individe - needs to be on in." The resident be ne LO, as a means on 109. Further review resided an Annual Reh Concerns docume lich the RN wrote: "Shue as individual is a was interviewed tall at 4:50 p.m. She at	RN also always An April called: gan of birth of the port of rit, dated sexual sexually ar that				
	The next day, on Jun 2:25 p.m., review of i revealed four docume was observed touchir An April 17, 2008 Payricuded the following nappropriate touch. I peculated to have its ler Social Work Asset 2008, indicated she har money. Reported sears old." At appropriating the property of the period sears old. The property are sold. The property are so	Resident #1's behavionted incidents when in another resident in another resident in a paer "inapproprictological Evaluation;" has a history of The behavior was a origins in sexual absenent, dated June ad a: "boyfriend willy, her boyfriend is fidmately 3:15 p.m. if	ior data n she n's bed or fately." in ouse." 2.11, ho gives orty				
n a a	. There was no indiciplits and responsibilities described by the cknowledged that the ddressed sexuality sidmitted to the facility	ties regarding sexual HRC. The QMRP committee had not not resident #1 was	lity had	a.	The QMRP will meet with the L weekly to discuss any changes is and report changes to the HRC f	the individual's	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NFD12-6081			(C2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(XS) DATE SURVEY COMPLETED				
NAME OF S	ROVIDER OR SUPPLIER	THE DIZ 400	Critery Anna	Lee Arri	STATE WAS ASSET	06/2	10/2009			
	HEALTH CARE RESOURCES 2000 RIT WASHIN				DORESS, CITY, STATE, ZIP CODE TTENHOUSE ST, NW IGTON, DC 20015					
(X4) ID PREFIX TAG	K (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (SACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPRINCENCY)	(XS) COMPLETE DATE				
I 500	b. During a follow-u June 26, 2009, at 9 to the four residents acknowledged that a sexuality assessor facility in Mey 2006. stated that Resident purse."  c. On June 26, 200 facility's Human Ser following: "During th the Social Worker/o educational needs o with the IDT the IE plan covers all ass Any individual who is to determine his/her	ge 29  up interview with the 14 a.m., the QMRP as "consenting adult Resident #1 had not nent since she came. At 10:30 a.m., the 0 t #1 carried "condom 9, at 10:05 a.m., revicuality Policy reveale ISP process, if indicate Manager, the sof the individual are not develops the educate of sexual behalfs sexually active is a structure and intervent and intervent	QMRP on referred lis." She received to the QMRP is in her liew of the difference of the difference of the licated by sx eviewed cational vior seessed healthy	1 500	b. See response to 1401 # 3  c. See response to 1401 # 3					
	determined by the if evidence; however, interdisciplinary teer comprehensive sext the team.  d. According to Res 11, 2006, she lacker informed decisions in therapies and life planesident's aunt was care decision maker she had been inform	DT" There was no that the facility and/on (IDT) had sought a uality assessment to sident #1's ISP, dated the capacity to make regarding medical treanning. Although the the reported surrogar, there was no evide	guide  d June  ce natment, te helath		d. See response to 1500 # 1					
	birth control pills.  e. There was no evicestablished the follow		ad		e. See response to 1401 # 3					
	1) the substance and	d nature of sexuality	<b>.</b>							

teath Regulation Administration

Health Regulation Administration

Health Regulation Administration STATEMENT OF DEFICIENCIES (XJ) DATE SURVEY (X1) PROVIDENSUPPLIENCLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING A WING HFD12-8061 00/20/2000 NAME OF PROVIDER OR SUPPLIER STREET ACCRESS, CITY, STATE, ZIP CODE 2008 RITTENHOUSE ST. NW **HEALTH CARE RESOURCES** WASHINGTON, DC 20015 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (XIS) MAPLETE DATE (X4) ID 10 (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) GEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DEFICIENCY) 1 500 Continued From page 30 1500 individuat: how best to ensure the resident's health and See response to 1401 # 3 safety, including prevention of sexual exploitation; and. 3) the appropriate level of supervision (and/or privacy) that Resident #1 and her boyfriend 3. See response to 1401 # 3 should be granted if sexual contact is deemed appropriate. 3. Based on interviews and record review, the GHMRP falled to develop a system to maintain current health insurance (federal entitlement: Medicaid) to ensure that there were no delays in the residents receiving medications, for one of the two residents in the sample. (Resident #2) [Title 7, Chapter 13, § 7-1305.14, formerly § 6-1974] The finding includes: On June 24, 2009, at approximately 9:45 a.m., review of incident reports revealed that on April 28, 2009, one of Resident #2's prescribed medications (K-dur, a potassium supplement) was not available for administration due to expired Medicaid benefits. Further review of the resident's MAR revealed that the medication was not available from April 23, 2009 through April 29. 2009. In addition, review of the incident reports revealed that on May 9, 2009, Resident #2 had been taken to an emergency room due to decreased potassium levels. interview with the QMRP on June 26, 2009, at The DDS Service Coordinator will provide approximately 11:30 a.m., revealed that it was the the QMRP with a list of renewal dates for responsibility of the Department of Disability 8/27/09 each individual's. Services service coordinator to handle the

renewal of residents' medicaid benefits. The

Health Regulation Administration STATEMENT OF DEFICIENCIES (XI) DATE SURVEY (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING HFD12-0051 06/26/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2006 RITTENHOUSE ST, NW **HEALTH CARE RESOURCES** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFEX TAG (20) COMPLETE DATE iD PREFEX DEFICIENCY) 1 500 1500 Continued From page 31 QMRP then acknowledged that there was no system in place to ensure that the Medicaid renewal process was carried out timely, and/or what actions the GHMRP would take to ensure. that residents did not lose access to needed health care, including prescribed medications.